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FATER TAPPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Substitute for Form PTO-875									09	67025/			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	ΕΝΤΙΤΥ	Ott	OTHER	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUMBER EXTRA			RATE FFF]					
	C FEE						MAIE	FEE		RATE	FEE		
TOT	(37 CFR 1.16(a)) TOTAL CLAIMS							s .	OR		s .		
(37 CFR 1.16(c)) INDEPENDENT CLAIMS			minus 20 =		•		X \$ =		Oκ	xs =			
	FR 1.16(b)	· .	· minus 3 =				x \$ =		OR	X 5 =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR	+ s =				
. ų n	* if the afference in column 1 is less than zero, enter 10 in column 2.						JAIOI	<u> </u>	∫ Úik	IOTAL			
	٠	unitis Ab Ala	inill	f ARC a									
7-28-05(Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR		RTHAN			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
DM	Total (37 CFR 1.16(cl)	15	Minus	" 20			x s =		OR	x s_ =	FEE		
VEN	Independent (37 CFR 1.16(b))	· 3	Minus	3			x s =		OR	x s =			
AN	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CF	R 1,16(d))		+s =		OR	+ s =			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
	(Column 1) (Column 2) (Column 3)				(Column 3)				_				
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
M	Total (37 CFR 1.16(cj)	•	Minus	••	=		x \$ =		1	; ; ; ; .	FEE		
AMENDMENT	Independent (37 CFR 1:16(b))		Minus	•••	=		x s =		OR OR	X \$=	•		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		OR	+s =			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
ļ		(Column 1)	····	(Column 2)	(Column 3)	_			-				
AMENDMENT C	:	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	To(al (37 CFR 1.16(c))	•	Minus	••	=		x s=		OR	x s =			
	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x s =			
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$ =			
	, <u></u>						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
! •	" If the "Highest	xxiumn 1 is less tha Number Previous! Number Previous!	v Paid For	IN THIS SPACE	is less than 20.	. en	ler "20".		-d	•			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective (Light 1, 2003) 0967025											
· CLAIMS A	SMALL ENTITY OTHER THAI										
TOTAL CLAIMS	¢		RATE	FEE	7	RATE	FEE				
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	€ 385.00	OR	BASIC FEE					
TOTAL CHARGEABLE CLAIMS	minus 20=	•	X\$ 9=		OR	X\$18=					
INDEPENDENT CLAIMS	minus 3 =		X4:2=		OR	X8 b					
MULTIPLE DEPENDENT CLAIM P	RESENT		+145	 	OR	+290=					
* If the difference in column 1 is	•	TOTAL		OR	TOTAL						
8-190 CLAIMS AS A (Column 1)	MENDED - PAR'	F II nn 2) (Column 3)	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
CLARIS REMAINING AFTER AMENDMENT Total 15 Independent 3	HIGH NUAR PREVIO PAID (SER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Total • 15	Minus 2	0 =	X\$ 9=		OR	X\$ 18=					
FIRST PRESENTATION OF MI	Minus 444	GAIM []	X43=	<u> </u>	OR	XBQ-					
			+145=		OR	+240=					
Water Column 1)	•		TOTAL ADOIT, FEE		OR	'JOTAL ADOIT, FEE					
[Community	(Colum					•					
CLAIMS REMAINING AFTER AMENDMENT Total Total Independent Total	PND	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
Total • .15		22	X\$ 9=		OR	X\$18=					
Independent • 3	LTIPLE DEPENDENT	GLAIM N	X43 ·		OR	X86-					
			+145		OR	+290=					
Madis	•		ADDIT, FEE		OR	TOYAL ADOIT, FEE					
(Column 1)	(Colum										
O REMARKANG	HIGH HIGH PREVIC PAID F	ER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Minus 2	\odolean .	X\$ 9=		OR	X\$18=					
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			+145 1		OR	+241=					
 If the entry in column 1 is less than the If the "Highest Number Previously Pai "If the "Highest Number Previously Pai 	d For an THIS SPACE IS	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
The "Highest Number Previously Peld	For (Rotal or Independe	n() is the highest number t	bund in the ap	propriate box	t in ooi	tumn L	·				